

138658

BOOK 201 PAGE 14

Return Address: **SHIRLEY A. LITTLE**
PO BOX 243
STEVENSON, WA 98648

Shirley A. Little

JUL 20 3 30 PM '00

P. Laury

COUNTY CLERK

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT	
2.	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1. DANIEL E. LITTLE, Dec'd	
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on page ____ of document.	
GRANTEE(S) (Last name, first, then first name and initials)	
1. SHIRLEY A. LITTLE	
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on page ____ of document.	
LEGAL DESCRIPTION (Abbreviated: IE, Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
Portion of Elizabeth Snooks D.L.C. and of Government Lot 13, Section 25, Township 2 North, Range 6 E.W.M.	
<input checked="" type="checkbox"/> Complete legal on page <u>2</u> of document.	
REFERENCE NUMBER(S) Of Documents assigned or released:	<div>Signature _____ Indexed _____ Filed _____ Date _____</div>
<input type="checkbox"/> Additional numbers on page ____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
02 06 25 00 0100 00	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned.	
<input type="checkbox"/> Additional parcel #'s on page ____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

AFFIDAVIT IN SUPPORT OF REAL ESTATE EXCISE TAX
COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
County of Skamania) ss.

20956

JUL 24 2000

PAID *over*
OK Deputy
SKAMANIA COUNTY TREASURER

SHIRLEY A. LITTLE, states on oath:

1. This Affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by DANIEL E. LITTLE and SHIRLEY A. LITTLE, husband and wife, which agreement was dated April 3, 1967; that the facts herein set forth are given to the general public and are to be used for the purpose of informing the general public as to the status of the property belonging to the parties to said agreement. The parties' said Community Property Agreement was filed with the Skamania County Auditor on April 3, 1967 in Book 57 of Deed Records, Pages 146-7, Auditor's File No. 68385.

2. That DANIEL E. LITTLE, hereafter referred to as "the decedent", died on May 26, 2000, in Clackamas, Oregon, and was a resident of Stevenson, State of Washington, at the time of his death. A certified copy of the decedent's death certificate is attached hereto as Exhibit "A" and incorporated herein by reference.

3. On the date of the death of DANIEL E. LITTLE, the parties owned real property located in Skamania County, State of Washington, pursuant to that certain Statutory Warranty Deed filed

in the office of the Skamania County Auditor under File No. 74919,
Book 64, Page 203, and said property is legally described as:

That portion of the Elizabeth Snooks D.L.C. and of
Government Lot 13 in Section 25, Township 2 North, Range
6 E.W.M., described as follows:

Beginning at the northeast corner of the said Snooks
D.L.C., said point also being the southeast corner of
said Government Lot 13; thence north to the northeast
corner of said Government Lot 13; thence along the north
line of said Government Lot 13 west 660 feet; thence
south to the south line of said Government Lot 13; thence
along the south line of said Government Lot 13 north 89
deg. 56 min. east to a point 554 feet distant from the
point of beginning; thence south 42 deg. 43 min. east to
a point on the northerly right of way line of Primary
State Highway No. 8; thence following the northerly right
of way line of said highway northeasterly to intersection
with the east line of the said Snooks D.L.C.; thence
north along the east line of the said Snooks D.L.C. to
the point of beginning; EXCEPT that portion thereof which
lies within the 300 foot strip of land and adjacent
easements acquired by the United States of America for
the Bonneville Power Administration's electric power
transmission line.

TOGETHER with all water rights appurtenant to the above-
described property; and SUBJECT to easements of record.

4. That the parties to said agreement have entered into no
subsequent joint wills or agreements which would have the effect of
abrogating or nullifying the above-mentioned Community Property
Agreement.

5. The community estate of the decedent at the date of death
exceeded the amount of decedent's unpaid community indebtedness.
There was no separate indebtedness owed by the parties.

6. The decedent left no separate estate.

7. All obligations of the community owing at the date of
death have been paid in full and all expenses of last sickness and

Gary H. Martin, Skamania County Auditor
Date 7/23/99 Parcel # 22 06 25 000 100 00

funeral expenses which would constitute a lien upon the above-described real estate have been paid or otherwise provided for.

8. In addition to SHIRLEY A. LITTLE, as surviving spouse, the decedent left surviving him the following heirs: STEVEN RAY LITTLE, DANIEL DEE LITTLE, RHONDA MONTGOMERY and JACKIE REA.

DATED this 24th day of July, 2000.

Shirley A. Little
SHIRLEY A. LITTLE

SIGNED AND SWORN to before me this 24th day of July, 2000.

JENNIFER S. McDONALD
STATE OF WASHINGTON
NOTARY — PUBLIC
My Commission Expires Oct. 21, 2002

Jennifer S. McDonald
JENNIFER S. McDONALD
NOTARY PUBLIC, State of Washington
Residing at Stevenson
My commission expires: 10/21/02

CERTIFICATION OF VITAL RECORD

BOOK 201 PAGE 18

TYPE OR
PRINT IN
PERMANENT
BLACK INK

309590

10 TAG NO

00948

Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME Daniel Edgar LITTLE		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) May 26, 2000	
4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE Last Birthday (Years) 70		6. BIRTHPLACE (City and State or Foreign Country) San Diego, CA	
7. DATE OF BIRTH (Month, Day, Year) March 23, 1930					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):					
10. FACILITY NAME (If not in above, give name and number) Kaiser Sunnyside Medical Center					
11. CITY, TOWN, OR LOCATION OF DEATH Clackamas					
12. COUNTY OF DEATH Clackamas					
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during year of working life. Do not use street) Dryer Tender		14. KIND OF BUSINESS/INDUSTRY Plywood Mill		15. MARITAL STATUS (Married, Widowed, Divorced, Single) Married	
16. RESIDENCE - STATE Washington		17. CITY, TOWN OR LOCATION Skamania		18. SPOUSE (If married, widowed, divorced, specify) Shirley Ann Van Gilder	
19. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. ZIP CODE 98638		21. STREET AND NUMBER 36111 St Hwy 14	
22. RACE American Indian, Black, White, etc. (Specify) White		23. DECEASED'S EDUCATION (Specify only highest grade completed) 8			
24. FATHER'S NAME (First, middle, last) Raymond G. Little		25. MOTHER'S NAME (First, middle, last) Ivy Merle Davis		26. INFORMANT - Name and relationship to decedent Shirley Little-Wife	
27. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Stevenson Cemetery		29. LOCATION (City or Town, State) Stevenson, Washington	
30. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR REGISTRAR [Signature]		31. OREGON LICENSE NO. (If Licensed) 1961 (WA)		32. NAME, ADDRESS AND ZIP OF FACILITY Gardner Funeral Home POB 390 White Salmon, WA 98672	
33. DATE SIGNED (Month, Day, Year) JUN 1 2000		34. REGISTRAR'S SIGNATURE [Signature]			
RESERVED FOR REGISTRAR'S USE					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
35. TIME OF DEATH 7:45 a.m.		36. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
37. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) [Signature]					
38. DATE SIGNED (Month, Day, Year) 5/26/00		39. DATE SIGNED (Month, Day, Year) [Blank]			
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Joseph Leinert, M.D., 3600 N Interstate Ave., Portland, OR 97227-1191					
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Kathryn Rickert-Boe					
42. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 42a, b, AND c. Do not enter mode of dying, e.g., Cardiac or Respiratory Arrest)					
42a. MEGALOTIC SMALL CELL CARCINOMA OF LUNG					
42b. DUE TO OR AS A CONSEQUENCE OF					
42c. DUE TO OR AS A CONSEQUENCE OF					
43. OTHER SIGNIFICANT CONDITIONS: a. Conditions contributing to death but not resulting in the underlying cause given in PART I.					
44. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other					
45. DATE OF INJURY (Month, Day, Year)		46. TIME OF INJURY		47. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
48. PLACE OF INJURY: A) home, farm, street, factory, office, building, etc. (Specify)		49. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
50. DESCRIBE HOW INJURY OCCURRED					
51. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown					
52. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
53. If YES, was finding considered a direct cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
RESERVED FOR REGISTRAR'S USE					

ORIGINAL VITAL STATISTICS COPY

45-2 Rev. (9/99)



THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR

DATE ISSUED:

JUN 1 2000

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Marina T. Stansell
MARINA T. STANSELL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

